

**DECLARATION**

As a below named inventor, I declare that

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **ARTICULATION SYSTEMS FOR POSITIONING MINIMALLY INVASIVE SURGICAL TOOLS** the specification of which _____ is attached hereto or **X** was filed on April 13, 2000 as Application No. 09/548,901 and was amended on _____ (if applicable).

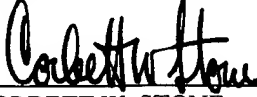
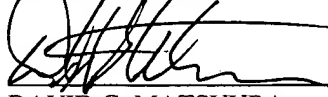

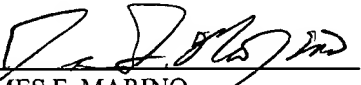
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date
60/129,703	April 16, 1999

Full Name of Inventor 1:	Last Name: STONE	First Name: CORBETT	Middle Name or Initial: W.
Residence & Citizenship:	City: San Diego	State/Foreign Country: California	Country of Citizenship: United States
Post Office Address:	Post Office Address: 12212 Misty Blue Court	City: San Diego	State/Country: California Postal Code: 92131
Full Name of Inventor 2:	Last Name: MATSUURA	First Name: DAVID	Middle Name or Initial: G.
Residence & Citizenship:	City: Escondido	State/Foreign Country: California	Country of Citizenship: United States
Post Office Address:	Post Office Address: 1356 Oak View Way	City: Escondido	State/Country: California Postal Code: 92029
Full Name of Inventor 3:	Last Name: GILLESPIE	First Name: WALTER	Middle Name or Initial: D.
Residence & Citizenship:	City: San Diego	State/Foreign Country: California	Country of Citizenship: United States
Post Office Address:	Post Office Address: 8652 Hayes Street	City: San Diego	State/Country: California Postal Code: 92116
Full Name of Inventor 4:	Last Name: MARINO	First Name: JAMES	Middle Name or Initial: F.
Residence & Citizenship:	City: La Jolla	State/Foreign Country: California	Country of Citizenship: United States
Post Office Address:	Post Office Address: 2620 St. Tropez Place	City: La Jolla	State/Country: California Postal Code: 92037

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1  CORBETT W. STONE Date 8/10/00	Signature of Inventor 2  DAVID G. MATSUURA Date 09/04/00	Signature of Inventor 3  WALTER D. GILLESPIE Date 9/13/00
Signature of Inventor 4  JAMES F. MARINO Date 8/9/00		



Attorney Docket No. 18608-000100

POWER OF ATTORNEY BY ASSIGNEE

NUVASIVE, INC., 10065 Old Grove Road, San Diego, California 92131, is the Assignee of the invention entitled:

**ARTICULATION SYSTEMS FOR POSITIONING
MINIMALLY INVASIVE SURGICAL TOOLS**

The specification of which ____ is attached hereto or **X** was filed on April 13, 2000 as Application No. 09/548,901.

The Assignment accompanying this Power of Attorney (or filed concurrently herewith under separate cover to the attention of the Assignment Branch) has been reviewed by the undersigned. The undersigned certifies that to the best of the undersigned's knowledge and belief, title is in the Assignee. The undersigned (whose title is supplied below) is empowered to act on behalf of the Assignee.

Assignee hereby appoints the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

<u>Name</u>	<u>Reg. No.</u>	<u>Name</u>	<u>Reg. No.</u>
Aka, Gary T.	29,038	Heckadon, David R.	Granted Limited Recognition under 37 CFR §10.9(b)
Apple, Randolph T.	36,429		
Barrish, Mark D.	36,443	Heslin, James M.	29,541
Colwell, Robert C.	27,431	Liebeschuetz, Joe	37,505
Dow, Karen B.	29,684	Slone, David N.	28,572
Gibby, Darin J.	38,464	Smith, William M.	30,223
Hann, James F.	29,719	Wong, Craig P.	45,231
Haughey, Paul C.	31,836		

Send Correspondence to:
David R. Heckadon, Esq.
TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, 8th Floor
San Francisco, CA 94111-3834

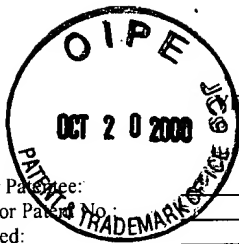
Direct Telephone Calls to:
David R. Heckadon, Esq.
Granted Limited Recognition under 37 CFR §10.9(b)
650/326-2400

NUVASIVE, INC.

Date: 8/9/00

By: [Signature]

Title: V-P of Medical Affairs



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c)) - SMALL BUSINESS CONCERN

Applicant or Patentee: CORBETT W. STONE et al.
Application or Patent No.: 09/548,901
Filed or Issued: April 13, 2000
Title: ARTICULATION SYSTEMS FOR POSITIONING MINIMALLY INVASIVE SURGICAL TOOLS

I hereby declare that I am:

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below.

Name of Small Business Concern: NuVasive, Inc.
Address of Small Business Concern: 10065 Old Grove Road
San Diego, CA 92131

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled ARTICULATION SYSTEMS FOR POSITIONING MINIMALLY INVASIVE SURGICAL TOOLS by inventor(s) CORBETT W. STONE, DAVID G. MATSUURA, WALTER D. GILLESPIE, JAMES F. MARINO described in:

- ☐ the specification filed herewith;
☒ Application No. 09/548,901, filed April 13, 2000;
☐ Patent No. _____, issued _____.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern that would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Name: _____
Address: _____
☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

Name: _____
Address: _____
☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing: JAMES F. MARINO
Title of Person if Other than Owner: VP MEDICAL AFFAIRS
Address of Person Signing: 10065 Old Grove Road
San Diego, CA 92131

Signature: [Signature] Date: 8/9/00